Low-Income Discount Eligibility Application

The Long Beach Energy Resources Department (LBER) provides a 20% discount on the monthly gas bill for eligible households. To apply for this discount, please complete this application and submit with the required documents to the address provided. The discount will be applied once your completed and signed application is approved by LBER.

Conditions For Participation:
• The City utility bill is in your name and the address must be your primary address;
• You must not be claimed as a dependent on another person’s income tax return other than your spouse;
• The annual gross Maximum Household Income does not exceed the applicable value in the chart below;
• You will notify LBER within 30 days if you no longer qualify for this rate; and,
• You understand that you must reapply for the Low Income Gas Discount Program every two years (otherwise the discount will be cancelled until your new application is received. Discount will not be retroactive.).

Non-Profit Group Living Facilities are eligible if the following conditions are present:
• The facility has separate gas meter;
• Each resident meets the low-income eligibility standard for a single person household; and,
• 70% of the energy consumed on the low-income gas discount rate must be for residential purposes; and,
• A copy of the most recent Non-profit Tax ID form 501 (c)(3), current California Adult Residential Facility License and/or Condition Use Permit for Homeless Shelter must be provided.

PUBLIC ASSISTANCE PROGRAMS
If you or someone in your household participates in any of these programs:

Medicaid or Medi-cal, Healthy Families A&B, Women, Infants & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh/SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP) and/or Supplemental Security Income (SSI)

HOW TO QUALIFY FOR THE LOW INCOME GAS DISCOUNT

MAXIMUM HOUSEHOLD INCOME*
Effective June 1, 2021

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>Total Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>$34,840</td>
</tr>
<tr>
<td>3</td>
<td>$43,920</td>
</tr>
<tr>
<td>4</td>
<td>$53,000</td>
</tr>
<tr>
<td>5</td>
<td>$62,080</td>
</tr>
<tr>
<td>Each additional household member please add</td>
<td>$9,080</td>
</tr>
</tbody>
</table>

*Current household income from all sources before deductions

Para solicitar este aviso en otro idioma, llame al 562-570-2068
Para hilingin ang abisong ito sa alternatibong wika, pakitawagan ang 562-570-2068
Please use DARK ink and print clearly to ensure proper processing.

Fill out information as shown on your Utility Bill.

Account Number: __________________________

Customer Name: __________________________

Home Address
(street, city, zip): __________________________

Phone Number: ____________________________

Email: __________________________

Total # of Adults and Children in your household:  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ If more than 6: ___________

Are you (or someone in your household) enrolled in any of the following assistance programs?

○ YES (If yes, mark the program(s) of participation. Please provide a COPY for verification):
  ○ Medi-cal / Medicaid: Under Age 65
  ○ Medi-cal / Medicaid: 65 or older
  ○ Healthy Families Categories A & B
  ○ Women, Infants and Children Program (WIC)
  ○ CalWORKs (TANF) or Tribal TANF
  ○ CalFresh / SNAP (Food Stamps)
  ○ Low Income Home Energy Assistance Program (LIHEAP)
  ○ Supplemental Security Income (SSI)
  ○ National School Lunch Program (NSLP)
  ○ Bureau of Indian Affairs General Assistance (BIA GA)
  ○ Head Start Income Eligible - Tribal Only

○ NO What is your yearly household income (before deductions, including all members of the household)?
  ○ $0 - $34,480  ○ $34,481 - $43,440  ○ $43,441 - $52,400  ○ $52,401 - $61,360  ○ $61,361 - $70,320
  ○ If more than 70,321 per year, enter amount here: __________________________

Please mark your sources of income (please provide a COPY for verification):

○ Social Security
○ SSP or SSDI
○ Pensions
○ Interest of Dividends from: Savings, Stocks, Bonds or Retirement Accounts
○ Wages and/or Profit from Self Employment
○ Unemployment Benefits
○ Insurance or Legal Settlements
○ Disability or Workers Compensation Payments
○ Spousal or Child Support
○ Scholarships, grants or other aid used for living expenses
○ Rental or Royalty Income
○ Cash or Other Income

I declare the information I have provided in this application is true and correct. I agree to provide further proof of income if requested. I agree to inform LBER if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications, or fail to provide proof of income, I may be required to pay the City of Long Beach for all discounts I received.

Signature __________________________

Date __________________________

Please mail your application with copies of your income qualifying documents to:

Long Beach Energy Resources
Attn: Low Income Gas Discount Program
2400 East Spring Street, Long Beach, CA 90806
(562) 570-2068